

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	5-26-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ ..... Rejected  
☐ ..... Allowed  
☐ (Through numeral) ..... Canceled  
☐ ..... Restricted  
☐ ..... Non-elected  
☐ ..... Interference  
☐ ..... Appeal  
☐ ..... Objected

Claim	Date
Final Original	5/24/01
1	2/16/01
2	7/24/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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